Church Lench CE First School

Administering Medication Policy

2025

At the heart of the school is our belief that ‘with God nothing is impossible.’ This allows our children and staff to have high hopes and aspirations and develop resilience and perseverance in all aspects of life in a happy, safe and inclusive environment

Contents:

Statement of intent

Church Lench CE First School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance: 'Supporting pupils at school with medical conditions'.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

1. Legal framework

1.1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'

1.2. This policy is implemented in conjunction with the following school policies:

- Supporting Children with Medical Conditions
- Health and Safety
- First Aid Policy

2. Definitions

2.1. Church Lench CE First School defines "medication" as any prescribed or over the counter medicine.

2.2. The school defines "prescription medication" as any drug or device prescribed by a doctor.

2.3. The school defines a "staff member" as any member of staff employed at the school, including teachers.

2.4. For the purpose of this policy, "medication" will be used to describe all types of medicine.

2.5. The school defines a "controlled drug" as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

2.6. First Aiders are staff trained in First Aid which is refreshed every 3 years

3. Key roles and responsibilities

3.1. The governing body is responsible for:

- The implementation of this policy and procedures.
- Ensuring that this policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy, as outlined in the school's Complaints Procedure Policy.

3.2. The headteacher is responsible for:

- The day-to-day implementation and management of this policy and relevant procedures.
- Ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

3.3. All staff are responsible for:

- Adhering to this policy and ensuring pupils do so also.
- Carrying out their duties that arise from this policy fairly and consistently.

3.4. Parents are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing a medication administration form (appendix A) prior to bringing any medication into school.
- Discussing medications with their child prior to requesting that a staff member administers the medication.

3.5. It is both staff members' and pupils' responsibility to understand what action to take during a medical emergency, such as raising the alarm with first aiders or other members of staff.

4. Receiving and storing medication

4.1. The parents of pupils who need medication administered at school will be required to complete a medication administration consent form; the signed consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16.

4.2. A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if this consent form is not present.

4.3. Consent obtained from parents for long term medication will be renewed annually.

4.4. The school will not, under any circumstances, administer aspirin unless there is evidence that it has been prescribed by a doctor.

4.5. The school will only allow prescribed medication, unless for a pupil with an IHP or allergy plan, and only a maximum of four weeks' supply is to be stored in the school.

4.6. Except in exceptional circumstances medicine will only be given immediately before or after lunch; parents will be encouraged to manage doses outside of school hours wherever possible.

4.7. Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions. This does not apply to insulin, which can be stored in an insulin pen.

4.8. The school will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored in a place inaccessible to pupils, e.g. locked cupboards or the fridge.

4.9. Medication will be stored according to the following stipulations:

- In the original container alongside the instructions
- Clearly labelled with the name of the pupil and the name and correct dosage of the drug
- Clearly labelled with the frequency of administration, any likely side effects and the expiry date
- Alongside the parental consent form

4.10. Medication that does not meet these criteria will not be administered.

4.11. Medication that may be required in emergency circumstances, e.g. asthma inhalers and EpiPens, will not be kept in locked cupboards.

The school will ensure that children know where their medication is and will be stored in such a way that they are readily accessible to staff members who will need to administer it in emergency situations.

4.12. The location of medication will be known to all staff and duplicates of EpiPens are in the school office.

4.13. The school will not store surplus or out-of-date medication, and parents will be asked to collect containers for delivery back to the chemist.

4.14. Needles and sharp objects will always be disposed of in a safe manner, e.g. the use of 'sharp boxes'.

5. Administering medication

5.1. Medication will only be administered at school if it would be detrimental to the pupil not to do so.

5.2. Staff will check the expiry date of each medication being administered to the pupil each time it is administered.

5.3. Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.

5.4. Only first aiders will administer a controlled drug.

5.5. Medication will be administered in a private and comfortable environment and, as far as possible, in the same room as the medication is stored; this will normally be the school medical room.

5.6. Before administering medication, the responsible member of staff should check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name and strength and dose instructions match the details on the consent form.
- That the name on the medication label is the name of the pupil who is being given the medication.
- That the medication to be given is within its expiry date.
- That the child has not already been given the medication within the accepted timeframe.

5.7. If there are any concerns surrounding giving medication to a pupil, the medication will not be administered and the school will consult

with the pupil's parent or a healthcare professional, documenting any action taken.

5.8. If a pupil cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the pupil's parent, following advice from a healthcare professional.

5.9. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member, provided that parental consent for this has been obtained.

5.10. If a pupil refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their IHPs, and parents will be informed so that alternative options can be considered.

5.11. The school will not be held responsible for any side effects that occur when medication is taken correctly.

5.12. Written records will be kept of all medication administered to pupils, including the date and time that medication was administered and the name of the staff members responsible. Two adults will always be available to administer medication, 1 MUST be a first aider.

5.13. Records are stored in the medical room for competent staff to follow.

6. Out of school activities and trips

6.1. In the event of a school trip or activity which involves leaving the school premises, medication and devices such as insulin pens and asthma inhalers, will be readily available to staff and pupils.

6.2. Medication will be carried by a designated staff member for the duration of the trip or activity.

6.3. There will be at least one staff member who is competent to administer medication on every out-of-school trip or activity which pupils with medical conditions will attend. This will be a first aider.

6.4. Staff members will ensure that they are aware of any pupil who will need medication administered during the trip or activity and will make certain that they are aware of the correct timings that medication will need to be administered.

6.5. If the out-of-school trip or activity will be over an extended period of time, e.g. an overnight stay, the school will ensure that there is a record of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be

kept by a designated staff member who is present on the trip and will manage the administering of medication.

6.6. All staff members, volunteers and other adults present on out-of-school trips or activities will be made aware what should be done in the case of a medical emergency with regard to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure.

7. Individual healthcare plans

7.1. For chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parents, the headteacher, the SENCO and any relevant medical professionals.

7.2. When deciding what information should be recorded on an IHP (see appendix B), the headteacher will consider the following:

- The medical condition, as well as its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, equipment and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support that is needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and support that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
- What to do in an emergency, including whom to contact and contingency arrangements

- What is defined as an emergency, including the signs and symptoms that staff members should look out for

7.3. The headteacher will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by a designated First Aider.

8. Adrenaline auto-injectors (AAIs)

8.1. The school will arrange specialist training for staff on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis, in line with the Allergy Awareness Policy.

8.2. Designated staff members who are suitably trained and confident in their ability to do so will be appointed as the administers of AAIs.

8.3. As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAIs in the case of an emergency.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- Who the designated staff members who will administer AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

8.4. The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date, as well as any risk assessments pertaining to minimising the risk of anaphylaxis in the school, e.g. with regard to food preparation.

8.5. There will be a sufficient number of staff who are trained, and consent, to administer AAIs on site at all times.

8.6. Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis.

8.7. Where consent and authorisation has been obtained, this will be recorded in their IHP.

8.8. All staff will be made aware of any pupil who may need an Epi-pen, full details will be recorded on their medical record.

9. Medical emergencies

9.1. Medical emergencies will be handled in line with the First Aid Policy.

9.2. The school will ensure that emergency medication is always readily accessible and never locked away, whilst remaining secure and out of reach of other pupils.

9.3. The headteacher will ensure that there is a sufficient number of staff who have been trained in administering emergency medication by an appropriate healthcare professional.

10. Monitoring and review

10.1. This policy will be reviewed every two years by the governing board and the headteacher.

10.2. Records of medication which have been administered on school grounds will be monitored and the information will be used to improve school procedures.

10.3. Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.

10.4. Church Lench CE First School will seek advice from any relevant healthcare professionals as deemed necessary.

Date September 2025

Review date September 2028

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Appendix A - Parental Agreement Form

Church Lench CE First School Medication Administration Form	
The school will not give your child medicine unless you complete and sign this form.	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition/illness:	
Medicine/s:	
Name/type of medication as described on the container:	
Date dispensed:	Expiry date:
Agreed review date: …… Review to be initiated by: ……	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration: Yes/No (delete as appropriate)	
Signed	Date:

Appendix B - Individual Healthcare Plan Template

Church Lench CE First School Individual Healthcare Plan		
Pupil's name:		
Address:		
Date of birth:		
Class teacher:		
Details of medical condition:		
Date plan drawn up: __/__/_____	Review Date: __/__/_____	
Contact information		
Family Contact 1:	Name: Relationship to pupil: Address: Phone number: (work): (home): (mobile):	
Family Contact 2:	Name: Relationship to pupil: Address: Phone number: (work): (home): (mobile):	
GP:	Name: Address: Phone number:	

Clinic/hospital contact:	Name: Phone number:

Plan details

Describe the medical condition and give details of the pupil's individual symptoms:

Describe daily care requirements, e.g. before sport or at lunchtime:

Describe what constitutes an emergency for the pupil, and the action to be taken if an emergency occurs:

Follow up care:

Who is responsible in an emergency (state if different for off-site activities):

Signed	Date
Parent:	

Pupil (where appropriate):	
Headteacher:	
SENCO:	
GP:	